



FIXED ASSET TRAINING Request Form

Date Submitted: _____

Name(s)	Department/Division/Section <small>i.e., Finance/Accounting/Payroll</small>	Organizational Code <small>i.e., 25-0501</small>	Phone	E-mail address <small>(if not Banyan)</small>	Fixed Asset User
					<input type="checkbox"/> Immediate <input type="checkbox"/> On-going <input type="checkbox"/> New Employee
					<input type="checkbox"/> Immediate <input type="checkbox"/> On-going <input type="checkbox"/> New Employee
					<input type="checkbox"/> Immediate <input type="checkbox"/> On-going <input type="checkbox"/> New Employee
					<input type="checkbox"/> Immediate <input type="checkbox"/> On-going <input type="checkbox"/> New Employee
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					<input type="checkbox"/> Immediate <input type="checkbox"/> On-going <input type="checkbox"/> New Employee

Supervisor	(Signature)
Name _____	
Title _____	
Organization _____	

Submit to: (via State Mail OR return email as an attachment*)

Lewis Brooks, Training Administrator
 Department of Finance, Division of Accounting
 540 S. DuPont Highway, Suite 3
 Dover, DE 19901 D570C

*email from the supervisor is acceptable as the signature

Email: lb Brooks@state.de.us

Telephone: 744-1039

Fax: 744-1045

Date